

Notice of Tax Credit Transfer

Form IT-TRANS (11/05)

This form must be used to notify the Department of Revenue of any tax credits:

- (1) Transferred to non-affiliated taxpayers; or
- (2) Transferred as a pass-through credit (where multiple pass-throughs are involved).

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Name of Taxpayer Transferring Credit	FEI Number
Street Address	City, State and Zip Code
Name of Contact Person	Phone Number of Contact Person
Tax Year End	
information: (1) Amount of Tax Credit Generated (Year Generate (2) Total amount of credit from Line (1) being transfer	
B. Pass Through Tax Credits The entity which is passing the credits on to its mainformation above. Please provide the following information (1) Type of Tax Credit (i.e. Job Tax Credit) Note: If more than one type of tax credit is involved, then a separate form must be completed. Total Credit generated in the tax year reflected above. Amount of Credit applied to the entity's income expected to utilize against withholding taxes (if as (4) Remaining Tax Credit available to pass through (5).	teted for each type of tax credit. bove (2) tax liability or pplicable) (3)
C. Where to File this Form (1) Film Tax Credit – For production companies filed with both the Department of Revenue and the D after the transfer or sale of such tax credits. Please set	•
Department of Revenue Taxpayer Services Division P. O. Box 49432 Atlanta, GA 30359-1432	Department of Economic Development Film Office 75 Fifth Street, NW – Suite 1200 Atlanta, GA 30308-1020

(2) All Other Credits – File form with the Department of Revenue, P. O. Box 49432, Atlanta, GA 30359-1432.

D. Detail of Tax Credit Transfer / Pass Through

Detail must be provided for all tax credits being transferred or passed through. A chart is provided on page 2 for documenting the credit transfers. Failure to provide the requested detail will result in the credit not being allowed on the tax return of the transferee (please note that for the purposes of this form, transferee refers to the transferee, member, partner or shareholder).

Note: Additional copies of this page can be made if needed.

Name of Entity or Individual	FEIN or SSN	Credit Percentage (if applicable)	Amount of Tax Credit Transferred
Total of Credits Detailed on Additional			
Sheet(s)			
Fotal Credits Transferred (must equal Line A.(2)			
or B.(4)			